

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-013284**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_

**318**

Primary Registration District No. \_\_\_\_\_

**1003**

Registrar's No. \_\_\_\_\_

**3225**

**FILED APR 6 1962**

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Wayne**

c. CITY OR TOWN **Wappapello**

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Missouri Baptist Hospital**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**Mary**

**Van Matre**

4. DATE OF DEATH

Month

Day

Year

**March**

**21**

**1962**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**1/11/1898**

9. AGE (last birthday)

**64**

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

**At Home**

11. BIRTHPLACE (City and state or country)

**Greenville, Missouri**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**James Craig**

13b. MOTHER'S MAIDEN NAME

**Susan Allen**

14. NAME OF HUSBAND OR WIFE

**Thomas H.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No.**

No.

17. INFORMANT

Address

**James W. Van Matre, Wappapello, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cancer of the pancreas**

INTERVAL BETWEEN ONSET AND DEATH  
**3 mo**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**157x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**acute pancreatitis, postoperative**

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY.

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **15 March**

to **21 March**

and last saw her alive on **20 March 1962**

Death occurred at **1:05 am** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**Falls B. Hershey**

(Degree or title)

**M.D.**

22b. ADDRESS

**18 So. Kingshighway**

22c. DATE SIGNED

**MAR 26 1962**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**3/26/62**

23c. NAME OF CEMETERY OR CREMATORY

**McGee Cemetery**

23d. LOCATION (City, town, or county)

**McGee, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Albert H. Hoppe, Inc., 4700 Washington Blvd.**

25. DATE RECD. BY LOCAL REG.

**MAR 26 1962**

26. REGISTRAR'S SIGNATURE

**W. A. Smith, M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1

2/11/62

3

4 1

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13

68

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Elton R. H. Remelius*

Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address \_\_\_\_\_

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.